

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed:  9	
3 CANDIDATE / OFFICEHOLDER NAME	TITLE CUSHING, JR NICKNAME	FIRST ROBERT LAST	MI A SUFFIX	
4 CANDIDATE / OFFICEHOLDER ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2525 RICHMOND AVE. EL PASO TX 79930		<b>OFFICE USE ONLY</b> Date Received 2003 APR 25 PM 12 37 CITY CLERK DEPARTMENT Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
5 CAMPAIGN TREASURER NAME	TITLE GRAHAM NICKNAME	FIRST ELIJAH LAST		MI SUFFIX
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 5512 LONGVIEW CIRCLE EL PASO TX 79924			
7 CAMPAIGN TREASURER PHONE	AREA CODE (915)	PHONE NUMBER 822-3050	EXTENSION	
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)			
9 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year 3 / 25 / 2003    4 / 25 / 2003			
10 ELECTION	ELECTION DATE Month Day Year    ELECTION TYPE 5 / 3 / 2003 <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special			
11 OFFICE	OFFICE HELD (if any) None		12 OFFICE SOUGHT (if known) City Representative, District 2	
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ** Name Address / PO Box; Apt. / Suite #; City; State; Zip Code			
<input type="checkbox"/> additional pages				
GO TO PAGE 2				

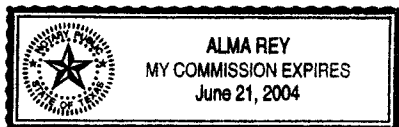
# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

<b>14 C/OH NAME</b>		<b>15 ACCOUNT #</b> (Ethics Commission filers)
<b>16 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <input type="checkbox"/> additional pages	** This box is for notice of political expenditures by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **	
	<b>COMMITTEE TYPE</b>  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	<b>COMMITTEE NAME</b>  <b>COMMITTEE ADDRESS</b>  <b>COMMITTEE CAMPAIGN TREASURER NAME</b>  <b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>
<b>17 NO REPORTABLE ACTIVITY</b>	<input type="checkbox"/> Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)	
<b>18 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
<b>EXPENDITURE TOTALS</b>	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,100.00
	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
<b>OUTSTANDING LOAN TOTALS</b>	4. TOTAL POLITICAL EXPENDITURES	\$ 2,816.50
	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2,816.50

**19 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



*Robert A. Cushing Jr.*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Robert A. Cushing Jr.* this the 25 day of April, 20 03, to certify which, witness my hand and seal of office.

*Alma Rey*  
Signature of officer administering oath

ALMA REY  
Printed name of officer administering oath

*C. B.*  
Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME

ROBERT A. CUSHING, JR

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/21

5 Full name of contributor

☐ out-of-state PAC (ID#)

El Paso Association of Builders, Build Pac of  
El Paso

6 Contributor address; City; State; Zip Code

6046 Surety Drive El Paso, TX 79905

7 Amount of  
contribution (\$)

\$500.00

8 In-kind contribution  
description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

4/21

Full name of contributor

☐ out-of-state PAC (ID#)

JAMIE BARRON

Contributor address; City; State; Zip Code

2530 Richmond Ave El Paso, TX 79930

Amount of  
contribution (\$)

\$200.00

In-kind contribution  
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

4/21

Full name of contributor

☐ out-of-state PAC (ID#)

MANSON J. HIPPS

Contributor address; City; State; Zip Code

3404 Broadluc El Paso, TX 79904

Amount of  
contribution (\$)

\$100.00

In-kind contribution  
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

4/21

Full name of contributor

☐ out-of-state PAC (ID#)

El Paso Assn. of Firefighters Political Action

Contributor address; City; State; Zip Code

P.O. Box 370487 El Paso, TX 79937

Amount of  
contribution (\$)

\$250.00

In-kind contribution  
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

4/21

Full name of contributor

☐ out-of-state PAC (ID#)

JERRY JARVIS

Contributor address; City; State; Zip Code

5411 N. Mesa El Paso, TX 79912

Amount of  
contribution (\$)

\$50.00

In-kind contribution  
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

## LOANS

## SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:

3

2 FILER NAME

ROBERT A. CUSHING, JR

3 ACCOUNT # (Ethics Commission filers)

4

TOTAL OF UNITEMIZED LOANS:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date of loan

4/15

7 Name of lender

ROBERT A. CUSHING, JR

☐ out-of-state PAC (ID#: \_\_\_\_\_)

9 Loan Amount (\$)

\$ 503.36

6 Is lender a financial institution?

Y

(N)

8 Lender address; City; State; Zip Code

2525 RICHMOND AVE. EL PASO, TX 79930

10 Interest rate

11 Maturity date

12 Description of Collateral

☒ none

13 GUARANTOR INFORMATION

☐ not applicable

14 Name of guarantor

15 Guarantor address; City; State; Zip Code

16 Amount Guaranteed (\$)

17 Principal Occupation

18 Employer

Date of loan

3/29

Name of lender

ROBERT A. CUSHING, JR

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Loan Amount (\$)

\$ 728.92

Is lender a financial institution?

Y

(N)

Lender address; City; State; Zip Code

2525 RICHMOND AVE. EL PASO, TX 79930

Interest rate

Maturity date

Description of Collateral

☒ none

GUARANTOR INFORMATION

☐ not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed (\$)

Principal Occupation

Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

**LOANS****SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages Schedule E:

3

**2** FILER NAME

ROBERT A. CUSHING, JR

**3** ACCOUNT # (Ethics Commission filers)**4**

TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$

**5** Date of loan

3/19

**7** Name of lender

ROBERT A. Cushing Jr

☐ out-of-state PAC (ID#: \_\_\_\_\_)**9** Loan Amount (\$)

\$ 250.00

**6** Is lender a financial institution?

Y

(N)

**8** Lender address; City; State; Zip Code

2525 RICHMOND AVE. EL PASO, TX 79930

**10** Interest rate**11** Maturity date**12** Description of Collateral☒ none**13** GUARANTOR INFORMATION☐ not applicable**14** Name of guarantor**16** Amount Guaranteed (\$)**15** Guarantor address; City; State; Zip Code**17** Principal Occupation**18** Employer

Date of loan

3/21

Name of lender

ROBERT A. CUSHING, JR

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Loan Amount (\$)

\$ 190.00

Is lender a financial institution?

Y

(N)

Lender address; City; State; Zip Code

2525 RICHMOND AVE. EL PASO, TX 79930

Interest rate

Maturity date

Description of Collateral

☒ none**GUARANTOR INFORMATION**☐ not applicable

Name of guarantor

Amount Guaranteed (\$)

Guarantor address; City; State; Zip Code

Principal Occupation

Employer

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

**LOANS****SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages Schedule E:**3****2** FILER NAME**ROBERT A. CUSHING, JR****3** ACCOUNT # (Ethics Commission filers)**4**

TOTAL OF UNITEMIZED LOANS:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

**5** Date of loan**3/28****7** Name of lender☐ out-of-state PAC (ID#: \_\_\_\_\_)**ROBERT A. CUSHING, JR****9** Loan Amount (\$)**\$1,144.22****6** Is lender a financial Institution?

Y

**(N)****8** Lender address; City; State; Zip Code**2525 RICHMOND AVE EL PASO, TX 79930****10** Interest rate**11** Maturity date**12** Description of Collateral☒ none**13** GUARANTOR INFORMATION☐ not applicable**14** Name of guarantor**15** Guarantor address; City; State; Zip Code**16** Amount Guaranteed (\$)**17** Principal Occupation**18** Employer

Date of loan

Name of lender

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Loan Amount (\$)

Is lender a financial Institution?

Y

N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Description of Collateral

☐ none

GUARANTOR INFORMATION

☐ not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed (\$)

Principal Occupation

Employer

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED****If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.**

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages Schedule F:

2

**2** FILER NAME

ROBERT A. CUSHING, JR

**3** ACCOUNT # (Ethics Commission filers)**4** Date

4/15

**5** Payee name

DAVID'S PENNANT &amp; BANNERS

**6** Payee address; City; State; Zip Code

9911 CARNEGIE EL PASO, TX 79925

**7** Amount (\$)

\$503.36

**8** Purpose of payment (See instructions regarding type of information required.)

Campaign Signs

**9** \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

ROBERT A. CUSHING, JR Dist. 2 Rep. O

Date

3/28

Payee name

PDX Printing

Payee address; City; State; Zip Code

El Paso, TX

Amount (\$)

\$728.92

Purpose of payment (See instructions regarding type of information required.)

Printing Campaign Literature

**9** \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Robert A. Cushing, Jr Dist. 2 Rep. O

Date

3/28

Payee name

H &amp; H MAILING SERVICES

Payee address; City; State; Zip Code

El Paso, TX

Amount (\$)

\$1,144.22

Purpose of payment (See instructions regarding type of information required.)

Mailing Campaign Literature

**9** \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Robert A. Cushing, Jr Dist. 2 Rep. O

Date

3/21

Payee name

City of El Paso (City Clerk)

Payee address; City; State; Zip Code

2 Civic Center Plaza El Paso, TX 79903

Amount (\$)

\$250.00

Purpose of payment (See instructions regarding type of information required.)

Filing fee

**9** \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Robert A. Cushing, Jr Dist. 2 Rep. O

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages Schedule F:

2

**2** FILER NAME**3** ACCOUNT # (Ethics Commission filers)**4** Date

3/21

**5** Payee name

Marty Sue-Luan Stadio

**7** Amount (\$)

\$190.00

**6** Payee address; City; State; Zip Code

2905 Pershing El Paso, TX 79902

**8** Purpose of payment (See instructions regarding type of information required.)

Photography for Campaign Lit.

**9** \*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Robert A. Cushing, Jr Dist. 2 Rep @

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**



**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS****SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages Schedule G:

1

**2** FILER NAME

ROBERT A. CUSHING, JR

**3** ACCOUNT # (Ethics Commission filers)**4** Date

19 MAR

**5** Payee name

City of El Paso (City Clerk)

**6** Payee address; City; State; Zip Code

2 Civic Center Plaza El Paso, TX 79902

**7** Purpose of expenditure (See instructions regarding type of information required.)

Filing fee

**8** Amount (\$)

\$250.00

☒ Reimbursement from political contributions intended

Date

21 MAR

Payee name

Marty Swortun Studios

Payee address; City; State; Zip Code

2905 Pershing El Paso, TX 79930

Purpose of expenditure (See instructions regarding type of information required.)

Digital Photography for Campaign Literature

Amount (\$)

\$190.00

☒ Reimbursement from political contributions intended

Date

27 MAR

Payee name

PDX PRINTING

Payee address; City; State; Zip Code

El Paso, TX

Purpose of expenditure (See instructions regarding type of information required.)

Printing Campaign Literature

Amount (\$)

\$728.92

☒ Reimbursement from political contributions intended

Date

28 MAR

Payee name

H.E.H. MAILING SERVICES

Payee address; City; State; Zip Code

El Paso, TX

Purpose of expenditure (See instructions regarding type of information required.)

Mailing Campaign Literature

Amount (\$)

\$1,144.22

☐ Reimbursement from political contributions intended

Date

4/15

Payee name

DAVID'S PENNANT &amp; BANNERS

Payee address; City; State; Zip Code

9911 Carnegie El Paso, TX 79925

Purpose of expenditure (See instructions regarding type of information required.)

Campaign Signs

Amount (\$)

\$503.36

☒ Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED